

**STATE OF NEW JERSEY
DIVISION OF TAXATION**

Application Required by
NJ Motor Fuel Tax Law

MOTOR FUEL TAX

PO BOX 189

Trenton, New Jersey 08695-0189

APPLICATION FOR STORAGE FACILITY OPERATOR'S LICENSE

Application is hereby made by the undersigned for a Storage Facility Operator's License to operate in the State of New Jersey in compliance with Chapter 39 of Title 54, Taxation, of the Revised Statutes and the Acts amendatory thereof and supplemental thereto. This license is for a period of one (1) year. A payment of \$150.00 must accompany this application. Make check or money order payable to: STATE OF NEW JERSEY-MFT.

1. FID # - OR Soc. Sec. # of Owner - -

2. Name _____
(IF INCORPORATED - give Corp. Name; IF NOT - give Last name, First Name, MI of Owner(s))

3. Trade Name _____

4. Business Location:

Street _____

City _____ State

Zip Code -

(Give 9-digit Zip)

5. Mailing Name and Address - (if different from business address)

Name _____

Street _____

City _____ State

Zip Code -

(Give 9-digit Zip)

6. Beginning Date for this business in New Jersey _____ / _____ / _____
Month Day Year

7. Type of Ownership (check one):

☐ NJ Corporation ☐ Sole Proprietor ☐ Partnership ☐ Out-of-State Corporation ☐ Limited Partnership

☐ Other - explain _____

8. Telephone Numbers: Contact Person _____ Title _____

Daytime: () _____ - _____ Ext _____ Evening: () _____ - _____ Ext _____

9. IF A CORPORATION, complete the following:

Date of Incorp. _____ / _____ / _____ State of Incorp.
Month Day Year

10. Provide the following information for **ALL** owners, partners or responsible corporate officers. (If more space is needed, attach rider).

NAME (Last Name, First, M.I.)	SOCIAL SECURITY NUMBER	HOME ADDRESS	% OWNED
	TITLE	(Street, City, Zip)	

NOTE: On a separate sheet of paper provide the name of stockholders owning 10% or more of the outstanding shares of stock in the corporation.

11. List parent company, wholly owned subsidiaries, and/or any affiliates _____

12. Give name, title, and telephone number of person charged with the duty of filing motor fuels tax reports and location where reports are prepared and records kept _____

13. Give name, title and address of agent in New Jersey or registered New Jersey agent on whom service may be made (must be documented by letter from agent) _____

NOTE: Question 13 must be completed by out-of-state businesses

MFT-6A